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J0962 U.S. PTO

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<b>UTILITY PATENT APPLICATION TRANSMITTAL</b>  <small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small>		Attorney Docket <b>960296.95700</b>	
		First Inventor <b>Hector F. DeLuca</b>	
		Title <b>Method of Treatment of Type I Diabetes</b>	
		Express Mail Label No. <b>EL 747609218 US</b>	

<b>APPLICATION ELEMENTS</b> <small>See MPEP Chapter 600 concerning utility patent application contents.</small>	<b>ADDRESS TO:</b> <b>Commissioner for Patents Box Patent Application Washington, D.C. 20231</b>
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1. <input checked="" type="checkbox"/> <b>Fee transmittal Form</b> <small>(Submit an original and a duplicate for fee processing)</small> 2. <input checked="" type="checkbox"/> <b>Applicant claims small entity status</b> <small>See 37 CFR 1.27.</small> 3. <input checked="" type="checkbox"/> <b>Specification</b> <small>(Total Pages <b>20</b>)</small> <small>(preferred arrangement set forth below)</small> - Descriptive title of the invention - Cross References to Related Applications - Statement Regarding Fed Sponsored R&D - Reference to sequence listing, a table or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings <i>(if filed)</i> - Detailed Description - Claim(s) - Abstract of the Disclosure 4. <input checked="" type="checkbox"/> <b>Drawing(s)</b> <small>(35 USC 113)</small> <small>(Total Sheets <b>4</b>)</small> 5. <b>Oath or Declaration</b> <small>(Total Pages <b>2</b>)</small> a. <input type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from prior Application <small>(37 CFR 1.63(d))</small> <small>(for continuation/divisional with Box 17 completed)</small> i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b> <small>Signed Statement attached deleting inventor(s) named in prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</small> 6. <input type="checkbox"/> <b>Application Data Sheet.</b> See 37 CFR 1.76	7. <input type="checkbox"/> <b>CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)</b> 8. <b>Nucleotide and/or Amino Acid Sequence Submission</b> <small>(if applicable, all necessary)</small> a. <input type="checkbox"/> <b>Computer Readable Form (CRF)</b> b. <input type="checkbox"/> <b>Specification Sequence Listing on</b> <input type="checkbox"/> <b>CD-ROM or CD-R (2 Copies); or</b> <input type="checkbox"/> <b>paper</b> c. <input type="checkbox"/> <b>Statements verifying identity of above copies</b>
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<b>ACCOMPANYING APPLICATION PARTS</b>
9. <input type="checkbox"/> <b>Assignment Papers (cover sheet &amp; documents)</b> 10. <input type="checkbox"/> <b>37 CFR 3.73(b) Statement</b> <input type="checkbox"/> <b>Power of Attorney</b> <small>(where there is an assignee)</small> 11. <input type="checkbox"/> <b>English Translation Document</b> <small>(if applicable)</small> 12. <input type="checkbox"/> <b>Information Disclosure Statement (IDS)/PTO-1449</b> <input type="checkbox"/> <b>Copies of IDS Citations</b> 13. <input type="checkbox"/> <b>Preliminary Amendment</b> 14. <input checked="" type="checkbox"/> <b>Return receipt postcard (MPEP 503)</b> <small>(Should be specifically itemized)</small> 15. <input type="checkbox"/> <b>Certified copy of priority Document(s)</b> <small>(if foreign priority is claimed)</small> 16. <input type="checkbox"/> <b>Other:</b>

17. If a **CONTINUING APPLICATION**, check appropriate box and supply the requisite information: and in a preliminary amendment or in an Application Data Sheet under 37 CFR 1.76

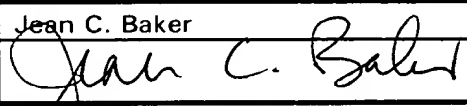
☐ Continuation   
 ☐ Divisional   
 ☐ Continuation-in-part (CIP)   
 of prior application no. \_\_\_\_\_ / \_\_\_\_\_  
 Prior application information: Examiner: \_\_\_\_\_ Group/Art Unit: \_\_\_\_\_

For **CONTINUATION OR DIVISIONAL APPS** only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

<b>18. CORRESPONDENCE ADDRESS</b>	
<input type="checkbox"/> Customer Number or Bar Code Label            (Insert Customer No. or Attach bar code label here)            or <input checked="" type="checkbox"/> Correspondence address below	
NAME	Jean C. Baker
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Signature			Date: 1/25/01

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on



# FEE TRANSMITTAL for FY 2001

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT

\$ 355.00

## Complete if Known

Application Number

Filing Date

First Named Inventor

Hector F. DeLuca

Group Art Unit

Examiner Name

Attorney Docket Number

960296.95700

## METHOD OF PAYMENT (check one)

1. ☒ The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:

Deposit  
Account  
Number

17-0055

Deposit  
Account  
Name

Quarles &amp; Brady

- ☒ Charge Any Additional Fee Required  
Under 37 CFR 1.16 and 1.17

- ☒ Applicant claims small entity status  
See 37 CFR 1.27

- ☐ Payment Enclosed:

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## FEE CALCULATION

## 1. BASIC FILING FEE

Large Entity Fee Code	Large Entity Fee (\$)	Small Entity Fee Code	Small Entity Fee (\$)	Fee Description	Fee Paid
101	710	201	355	Utility filing fee	355.00
106	320	206	160	Design filing fee	
107	490	207	245	Plant filing fee	
108	710	208	355	Reissue filing fee	
114	150	214	75	Provisional filing fee	

SUBTOTAL (1) (\$)355.00

## 2. CLAIMS

		Extra	Fee from below	Fee Paid
Total Claims	10	-20**= 0	X	= 0
Independent	2	-3**= 0	X	= 0
Multiple Dependent Claims				=

\*\* or number previously paid, if greater. For reissues see below

Large Entity Fee Code	Large Entity Fee (\$)	Small Entity Fee Code	Small Entity Fee (\$)	Fee Description
103	18	203	9	Claims in excess of 20
102	80	202	40	Independent claims in excess of 3
104	270	204	135	Multiple dependent claim
109	80	209	40	**Reissue independent claims over original patent
110	18	210	9	**Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$)0.00

## FEE CALCULATION (continued)

## 3. ADDITIONAL FEES

Large Entity Fee Code	Large Entity Fee (\$)	Small Entity Fee Code	Small Entity Fee (\$)	Fee Description	Fee Paid
105	130	205	65	Surcharge - late filing fee or oath	
127	50	227	25	Surcharge - late provisional filing fee or cover sheet	
139	130	139	130	Non-English specification	
147	2,520	147	2,520	For filing a request for reexamination	
112	920	112	920	Requesting publication of SIR prior to Examiner action	
113	1,840	113	1,840	Requesting publication of SIR after Examiner action	
115	110	215	55	Extension for reply within first month	
116	390	216	195	Extension for reply within second month	
117	890	217	445	Extension for reply within third month	
118	1,390	218	695	Extension for reply within fourth month	
128	1,890	228	945	Extension for reply within fifth month	
119	310	219	155	Notice of Appeal	
120	310	220	155	Filing a brief in support of an appeal	
121	270	221	135	Request for oral hearing	
138	1,510	138	1,510	Petition to institute a public use proceeding	
140	110	240	55	Petition to revive unavoidably abandoned application	
141	1,240	241	620	Petition to revive unintentionally abandoned application	
142	1,240	242	620	Utility issue fee (or reissue)	
143	440	243	220	Design issue fee	
144	600	244	300	Plant issue fee	
122	130	122	130	Petitions to the Commissioner	
123	50	123	50	Petitions related to provisional applications	
126	240	126	240	Submission of Information Disclosure Stmt	
581	40	581	40	Recording each patent assignment per property (times number of properties)	
146	710	246	355	Filing a submission after final rejection (37 CFR 1.129(a))	
149	710	2496	355	For each additional invention to be examined (37 CFR 1.129(b))	
179	710	270	355	Request for Continued Examination (RCE)	
169	900	169	900	Request for expedited examination of a design application	

Other fee (specify) \_\_\_\_\_

\* Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$).00

## SUBMITTED BY

## Complete (if applicable)

Typed or  
Printed Name

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Signature

Date

1/25/01